10/528343

Attorney Docket No. 0020-5350PUS1

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE **FOLLOWING** 

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY

FOR PATENT AND DESIGN APPLICATIONS As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: NOVEL ADENINE COMPOUND AND USE THEREOF Insert Title: the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set Fill in Appropriate forth above and/or the following: The specification was filed on Information -United States Application Number For Use Without (if applicable) and/or and amended on Specification as PCT September 26, 2003 the specification was filed on Attached: International Application Number PCT/JP2003/012320 ; and was (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal I acknowledge the duty to disclose information which is material to patentability as defined in Thite 57, Code or recental Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) Priority Claimed Prior Foreign Application(s) Insert Priority 09/27/2002 Ø Japan 2002-283428 Information No Yes (Month/Day/Year Filed) (Country) (Number) (if appropriate) 10/16/2002 Ø 2002-301213 Japan No (Month/Day/Year Filed) Yes (Number) (Country) Ω No (Month/Day/Year Filed) Yes (Country) (Number) (Month/Day/Year Filed) (Country) (Number) I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

(Filing Date) (Application Number)

Insert Provisional Application(s): (if any)

(Filing Date) (Application Number) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Date of Filing (Month/Day/Year) Application Number Country

Insert Requested Information: (if appropriate)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S. Application(s): (if any)

(Application Number)

(Status - patented, pending, abandoned)

Page 1 of X3 (Rev. 05/2004) (Application Number)

(Filing Date)

(Filing Date)

(Status - patented, pending, abandoned)

Send Correspondence to:

CUSTOMER NØ. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	such willful laise statements may jeoparatze are va					
Name of First r Sole Inventor: at Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
ort Name of Aventor art Date This comment is Signed	Yoshiaki ISOBE	Yoshidi Jarla		Feb. 7. 2005		
rt Residence	Residence (City, State & Country)		CITIZENSHIP			
nt Citizenship →	Osaka-shi, Osaka-fu, Japan	SOL	Japan			
ert Post Office address →	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)				
Salah Sanor	1-98, Kasugadenaka 3-chome,	Konohana-ku, Osaka-s	shi, Osak	a-fu, Japan		
Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
nventor, if any:	Haruo TAKAKU	Harm Jakohim		02/10/2005		
<b>1</b>	Residence (City, State & Country)	- 4	CITIZENSHII	?		
/	Osaka-shi, Osaka-fu, Japan	$\supset OV$	Japan			
	MAILING ADDRESS (Complete Street Address including City, State & Country) C/O SUMITOMO PHARMACEUTICALS COMPANY, LIMITED,					
	1-98, Kasugadenaka 3-chome,	Konohana-ku, Osaka-	shi, Osak	a-fu, Japan		
Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
see above	Haruhisa OGITA	Haruhson 09	ita_	02/19/2005		
150	Residence (City, State & Country)		CITIZENSHII			
	Saitama-shi, Saitama-ken, J	apan SYV	Japan			
e e	MAILING ADDRESS (Complete Street Address including City, State & Country) 308, Florestacasa, 243, Hongo-cho, Kita-ku, Saitama-shi,					
	Saitama-ken, Japan					
	Saitama-ken, Japan					
	Saitama-ken, Japan GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
ll Name of Fourth inventor, if any:	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE			DATE* 02/07/2005		
	Saitama-ken, Japan GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	CITIZENSHI	DATE* 02/07/2005		
	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan	Masanoù Tobe		DATE* 02/07/2005		
	GIVEN NAME/FAMILY NAME  Masanori TOBE  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address	INVENTOR'S SIGNATURE  Masanori Tobe  John State & Country)	CITIZENSHI	DATE* 02/07/2005		
	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address	INVENTOR'S SIGNATURE  Masanori Tobe  John Tobe  including City, State & Country)  S. COMPANY, LIMITED,	CITIZENSHI Japan	DATE* 02/07/2005 P		
Inventor, if any:  The phove  All Name of Fifth	GIVEN NAME/FAMILY NAME  Masanori TOBE  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address	INVENTOR'S SIGNATURE  Masanori Tobe  John Tobe  including City, State & Country)  S. COMPANY, LIMITED,	CITIZENSHI Japan	DATE*  02/07/2005  Ra-fu, Japan  DATE*		
Inventor, il any:	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Ayumu KURIMOTO	including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka-	Japan shi, Osak	DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/07/2005		
Inventor, if any:  The phove  All Name of Fifth	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME	inventors signature  Masanoù Tobe  including City, State & Country)  S COMPANY, LIMITED,  Konohana-ku, Osaka- INVENTOR'S SIGNATURE	CITIZENSHI Japan	DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/07/2005		
Inventor, if any:  The phove  All Name of Fifth	GIVEN NAME/FAMILY NAME  Masanori TOBE  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME  Ayumu KURIMOTO  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan	including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka- INVENTOR'S SIGNATURE	Japan shi, Osak	DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/07/2005		
Inventor, if any:  The phove  All Name of Fifth	GIVEN NAME/FAMILY NAME  Masanori TOBE  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME  Ayumu KURIMOTO  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address	including City, State & Country)  S COMPANY, LIMITED, KONOHANA, USAKA— INVENTOR'S SIGNATURE  LYMMUN MUNIMUM  including City, State & Country)	CITIZENSHI Japan shi, Osal	DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/07/2005		
Inventor, if any:  The phove  All Name of Fifth	GIVEN NAME/FAMILY NAME  Masanori TOBE  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME  Ayumu KURIMOTO  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan	including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka- INVENTOR'S SIGNATURE  JAMES AND LIMITED  including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka-	Shi, Osak	DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/07/2005  P  Ka-fu, Japan		
all Name of Fifth Inventor, if any: See above See above	GIVEN NAME/FAMILY NAME  Masanori TOBE  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome,  GIVEN NAME/FAMILY NAME  Ayumu KURIMOTO  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL	INVENTOR'S SIGNATURE  Masanoù Jobe  including City, State & Country)  S COMPANY, LIMITED,  KONOHANA, LIMITED,  INVENTOR'S SIGNATURE  Including City, State & Country)  S COMPANY, LIMITED,  KONOHANA, LIMITED,  KONOHANA, OSAKA-  INVENTOR'S SIGNATURE	Shi, Osak	DATE*  02/09/2005  Ra-fu, Japan  DATE*  02 /07 /2005  P  Ka-fu, Japan  DATE*		
Inventor, if any: See above  Ill Name of Fifth Inventor, if any: See above	GIVEN NAME/FAMILY NAME  Masanori TOBE  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome,  GIVEN NAME/FAMILY NAME  Ayumu KURIMOTO  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome,  GIVEN NAME/FAMILY NAME  Tetsuhiro OGINO	including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka- INVENTOR'S SIGNATURE  JAMES AND LIMITED  including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka-	CITIZENSHI Japan  shi, Osal CITIZENSHI Japan  shi, Osal	DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/0\$/200\$		
all Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME  Masanori TOBE_  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome,  GIVEN NAME/FAMILY NAME  Ayumu KURIMOTO  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome,  GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE  Masanoù Jobe  including City, State & Country)  S COMPANY, LIMITED,  KONOHANA, LIMITED,  INVENTOR'S SIGNATURE  Including City, State & Country)  S COMPANY, LIMITED,  KONOHANA, LIMITED,  KONOHANA, OSAKA-  INVENTOR'S SIGNATURE	Shi, Osak	DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/0\$/200\$		
all Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME  Masanori TOBE_  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome,  GIVEN NAME/FAMILY NAME  Ayumu KURIMOTO  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome,  GIVEN NAME/FAMILY NAME  Tetsuhiro OGINO  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  Osaka-shi, Osaka-fu, Japan	INVENTOR'S SIGNATURE  Masanoù Tobe  including City, State & Country)  S COMPANY, LIMITED,  KONOHANA-ku, OSAKA-  INVENTOR'S SIGNATURE  Including City, State & Country)  S COMPANY, LIMITED,  KONOHANA-ku, OSAKA-  INVENTOR'S SIGNATURE  Jetruling Ognar  Jetruling Ognar	CITIZENSHI Japan  shi, Osal CITIZENSHI Japan  shi, Osal	DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/0\$/200\$		
all Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME  Masanori TOBE  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME  Ayumu KURIMOTO  Residence (City, State & Country)  Osaka-shi, Osaka-fu, Japan  MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME  Tetsuhiro OGINO  Residence (City, State & Country)	INVENTOR'S SIGNATURE  Masanoù Tobe  including City, State & Country)  S COMPANY, LIMITED,  Konohana-ku, Osaka- INVENTOR'S SIGNATURE  Including City, State & Country)  S COMPANY, LIMITED,  Konohana-ku, Osaka- INVENTOR'S SIGNATURE  Jetnuling City, State & Country)  S COMPANY, LIMITED,	CITIZENSHI Japan  Shi, Osal CITIZENSHI Japan  CITIZENSHI Japan	DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/07/2005  Ra-fu, Japan  DATE*  02/05/2005		

## **Pac'd PCT/PTO** 1.8 MAR 2005 10/5283 A 2 Attorney Docket No. \_\_\_\_

	SAS BELLEVIE	10/928	9 4 <b>4</b>	0020-5350PU		
Full Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Inventor, if any: see above	Hitoshi FUJITA	2 Mitoshi Frinte		02/10/2005		
7-00	Residence (City, State & Country) 'Osaka-shi', Osaka-fu, Japan	50/	CITIZENSHIP Japan			
<b>€</b> □.	MAILING ADDRESS (Complete Street Address in CC/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome,	ncluding City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka-	shi, Osal	ka-fu, Japan		
Full Name of Eight Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENSHII			
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Full Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENSHII	?		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				
Full Name of Tenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENSHI	P		
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENSH	P		
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENSH	IP		
	MAILING ADDRESS (Complete Street Address	s including City, State & Country)				
Full Name of Thirteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
	Residence (City, State & Country)		CITIZENSH	IIP		
	MAILING ADDRESS (Complete Street Address	s including City, State & Country)				

Page 3 of 3 (Rev. 05/2004)

\*DATE OF SIGNATURE